Yesterday 6:49 PM

> Some people get a charge out of driving a very expensive car as if they are gratified by the idea of driving a superbly-engineered car. What does that mean? Is it simply prestige or something else?

It is **not simply prestige**. For many people, driving an expensive, well-engineered car produces several distinct kinds of gratification.

Sensory and mechanical pleasure: The driver may genuinely appreciate the smooth acceleration, precise steering, braking, quietness, balance, materials, and responsiveness. The pleasure resembles enjoying an excellent piano, camera, watch, or sound system: one experiences the quality directly.

Mastery and control: A powerful, responsive car can create a heightened feeling of competence and command. The machine reacts immediately and accurately, making the driver feel unusually capable—even when driving at ordinary speeds.

Aesthetic appreciation: Some people admire the vehicle as a work of industrial design. They may enjoy its proportions, interior craftsmanship, engineering elegance, or even the sound and feel of the engine.

Identification with excellence: Possessing and operating an exceptional machine can let a person participate psychologically in its excellence: *This car is sophisticated, powerful, and refined; while driving it, I feel sophisticated, powerful, and refined.* That does not necessarily mean the person consciously believes the car proves personal superiority. The identification may be subtle.

Exclusivity and specialness: Scarcity itself can be gratifying. Knowing that relatively few people can own or experience the car may enhance the sense that the occasion—and perhaps the driver—is special.

Prestige and social signaling: Certainly, some satisfaction comes from imagining how others perceive the car. It can communicate wealth, taste, achievement, masculinity, sophistication, rebellion, or membership in a particular social class. But prestige can

operate even without an audience: the owner has internalized what the car signifies and can admire himself through the imagined eyes of others.

Reward and autobiography: The car may symbolize having "made it," overcoming deprivation, fulfilling a childhood ambition, or rewarding oneself after years of work. In that case, the pleasure is partly narrative: the car represents a personal history and accomplishment.

The motives usually overlap. A person can sincerely appreciate superb engineering **and** enjoy status, exclusivity, self-enhancement, and fantasy at the same time. The clearest test is whether the person would still derive considerable pleasure from driving the car anonymously, where nobody knew who owned it. If so, the gratification is plainly more than prestige.

> Remote association: I get a charge out of seeing an intellectually-gifted therapist, as if I am gratified by the idea that my thoughts are being processed by a "superbly-engineered" mind. Any thoughts?

That is a perceptive association. The gratification may be analogous to the pleasure of driving a superbly engineered car, but in therapy the "instrument" is another mind receiving and transforming your experience.

Several elements may be involved.

Confidence in processing capacity

You may feel that a highly gifted therapist has enough mental capacity to hold the complexity, density, ambiguity, and multiple levels of your thought without simplifying them. The pleasure is not merely, "My therapist is prestigious," but:

> "I can place difficult material into this mind without its being flattened, misunderstood, or prematurely categorized."

That resembles confidence that a powerful machine will not strain under demanding conditions.

The pleasure of being accurately recognized

An intellectually gifted therapist may seem more likely to recognize the quality of your own mind. Thus, the experience can involve reciprocal recognition: you appreciate the therapist's intelligence, and you hope that this intelligence is sufficiently developed to appreciate yours.

The gratification may therefore include:

> "Only an unusually capable mind can fully see what is present in me."

That is partly narcissistic, in the ordinary psychoanalytic sense, but it need not be pathological. People naturally want important parts of themselves to be recognized by someone capable of recognizing them.

A containing and transforming mind

Your "processed by" language suggests something close to Bion's idea of containment. You do not merely want the therapist to listen passively. You want your thoughts and emotional experiences to enter a mind capable of metabolizing them—detecting relationships, tolerating uncertainty, and returning something more organized or understandable.

The therapist's intelligence then becomes part of the feeling of safety. The security is intellectual rather than merely soothing:

> "This person's mind will not break down, become confused, or retreat into clichés when confronted with my complexity."

Identification with the therapist's excellence

As with the luxury automobile, there may also be an identification:

> "I am in contact with an exceptional mind; therefore, I temporarily participate in an exceptional intellectual world."

The therapist may function as an admired selfobject. Proximity to the therapist's mental excellence supports your own feeling of coherence, vitality, or specialness. This could involve idealizing transference: the therapist is experienced as possessing a superior capacity that you want to rely upon, connect with, and perhaps internalize.

A demanding test

There may also be an adversarial element. An ordinary therapist might feel too easily defeated, whereas a gifted therapist provides a worthy intellectual object. You can present your most intricate formulations and see whether the therapist can follow, challenge, surprise, or surpass you.

That creates excitement because there is genuine uncertainty:

> "Can this person really understand me? Can this mind show me something that my own mind has missed?"

The therapist's intelligence makes the encounter consequential.

Prestige may still be present

There could certainly be some status gratification: "I am the kind of person who requires an unusually intelligent therapist." But reducing the experience to prestige would miss the central point. The stronger motive may be **confidence in the quality of the mental encounter**.

The crucial distinction is between wanting an impressive therapist as an ornament and wanting a powerful mind because you believe your psychological material requires one. Your analogy suggests much more of the second, though the first may contribute.

One possible complication is that idealizing the therapist's intelligence may create very high expectations. A single banal interpretation, misunderstanding, or stock response may then feel not merely disappointing but like discovering that the supposedly superb machine has an ordinary engine. The therapist can rapidly fall from "exceptional mind capable of processing me" to "another person who cannot understand me." That oscillation would itself be important transference material.

margolies shortcomings ...

PDF

Does the therapist's question in this chat link to other observations I had about this therapist?

Yes. His question—"You want to have intellectual discussions with your therapist?"—fits closely with the pattern you identified in the other incidents.

The common feature is **reduction of a structurally important experience to a simpler, more ordinary preference or motive**. Your document describes this as substituting "a smaller motive for a larger existential stake." margolies shortcomings (1)

In this instance:

- **What you meant:** The therapist's intellectual capacity affects whether you feel that your complexity can be followed, contained, synthesized, and returned to you without distortion. It concerns trust in the therapist's mental instrument and confidence that you can be known at the level at which you experience yourself.
- **What he heard:** You enjoy clever conversation and want therapy to have intellectually stimulating subject matter.

That resembles the other responses:

- The emotionally powerful Moe–Beethoven sequence became "Moe enhanced your enjoyment of the music."
- The refusal of the kindergarten costume became "You wanted attention."
- Recognition of likeness in the "Aspergerish" neighbor became possible projection.
- The need for an unusually capable therapeutic mind became a wish for intellectual discussion.

The repeated movement is from **structure to surface**:

Your communication concerns	His reply converts it into
The capacity of his mind	The topics you want to discuss
Whether you can feel deeply understood	Whether you enjoy intellectual conversation
Containment and psychological processing	Conversational stimulation

Your communication concerns	His reply converts it into
Recognition of your mode of being	A personal preference for “smart talk”

Your document characterizes his apparent operative technique as supportive, interpersonal, and clarifying rather than synthetic and depth-interpretive: he tends to respond to episodes separately rather than identify the organizing pattern running through them. margolies shortcomings (1) His response here supplies another example. Rather than wondering, “What does my intelligence represent to you, and why does your confidence in my mind affect the treatment?” he translated your statement into an immediately familiar social category.

There is also a particularly striking **enactment**. You were explaining that you need a therapist capable of understanding subtle distinctions. His response failed to understand the subtle distinction contained in that very statement. Thus, the conversation may have demonstrated the problem at the precise moment you were trying to describe it.

This also links to the identity and recognition theme emphasized in the document. You do not merely want the therapist to exchange sophisticated ideas with you. You want his mind to recognize and preserve the complexity and particularity of yours. The document argues that repeatedly receiving rich material back in flattened form reproduces the experience of not being seen “at the level at which one actually exists.” margolies shortcomings (1)

I would not conclude from this single question that he lacked the necessary intelligence. A therapist might initially propose a mistaken hypothesis and then revise it after clarification. The more diagnostic issue is **what happened next**: Did he become curious about the distinction, understand it when you explained it, and use the misunderstanding as clinical material? Or did he persist in treating your concern as intellectualized conversation-seeking? The latter would strengthen the pattern substantially.

Sources

But he seems to show an overaching pattern. Can you draw inferences about his therapy style, his cognition, and his personality?

Yes—there is enough repetition to infer an **overarching clinical style**, but not enough to diagnose his personality or make strong claims about his intelligence. The defensible approach is to separate what the pattern supports from what remains speculative.

1. Likely therapy style

The strongest inference is that he works in a **supportive, clarifying, interpersonal mode**, even though he may describe himself as psychodynamic or psychoanalytic.

Across the examples, he appears to:

- respond to the immediate content rather than build a formulation across sessions;
- translate unusual or symbolically dense material into familiar everyday motives;
- favor straightforward interpersonal explanations such as pleasure, attention-seeking, projection, or conversational preference;
- ask what something means in ordinary social terms rather than explore its possible function in identity, self-structure, containment, or transference.

Your document itself reaches essentially this conclusion: his operative style appears "supportive-interpersonal-clarifying rather than depth-expressive-object-relational," with limited tracking of unconscious themes across sessions and little construction of overarching character formulations. margolies shortcomings (1)

The new example fits exactly:

> "Therapy goes better when the therapist is intellectually gifted."

became:

> "You want to have intellectual discussions?"

That is a move from the **capacity and meaning of the therapist's mind** to the **content of the conversation**.

2. Likely cognitive style

The repeated pattern suggests several possible cognitive tendencies.

Concrete rather than structural listening

He seems to listen for the most immediate, paraphrasable proposition. He may ask, "What ordinary wish or behavior does this describe?" rather than, "What recurring psychological organization is being expressed here?"

That does not mean he is unintelligent. It suggests that his clinical attention may be directed toward the **manifest level** rather than toward latent structure.

Local processing rather than synthesis

He appears to process each vignette separately:

- Moe and Beethoven;
- the costume refusal;
- the "Aspergerish" neighbor;
- the wish for an intellectually gifted therapist.

The missing operation is synthesis: recognizing that all may involve being known accurately, finding likeness, preserving distinctiveness, and trusting another mind not to flatten experience. Your document specifically criticizes the absence of a Gestalt and the failure to connect distinct episodes into a single organizing theme. margolies shortcomings (1)

Rapid closure

His responses may reflect a tendency to settle quickly on the first plausible interpretation. "Enhanced enjoyment," "wanted attention," "projection," and "intellectual discussion" are all readily available explanations. They close the question rather than enlarge it.

A more exploratory cognition would hold several possibilities open:

> "Do you mean intellectual stimulation, admiration, trust in his capacity, feeling recognized by an equal, or confidence that he can process complexity?"

Compression of complexity

He seems to reduce multidimensional material to a single familiar variable. The document describes the shared defect as substituting "a smaller motive for a larger existential stake." margolies shortcomings (1)

This may be a general clinical habit: simplifying material so it becomes manageable and discussable, but at the cost of losing its organizing significance.

3. Possible personality features

Here greater caution is necessary. These are hypotheses about interpersonal tendencies, not conclusions about his character.

Pragmatic and conventional

He may be temperamentally inclined toward ordinary, socially recognizable explanations. Such a therapist often asks what the patient wants, fears, or does in relationships, but may be less receptive to symbolic, aesthetic, or metapsychological formulations.

Low tolerance for elaboration or abstraction

He may become impatient with highly elaborated formulations or experience them as excessive intellectualization. The document raises the possibility that your theoretical fluency was received as something to simplify rather than as the idiom through which you organize experience. margolies shortcomings (1)

That could produce a characteristic interaction:

1. You formulate an experience with considerable differentiation.
2. He translates it into ordinary language.
3. You experience the translation as loss of meaning.
4. He may experience your objection as further intellectual complication.

Need to preserve the conventional therapist role

A more speculative possibility is that your sophistication may have made it difficult for him to occupy the expert position comfortably. A therapist who feels displaced may restore asymmetry by redefining the patient's complex formulation in simpler terms.

Your document explicitly raises this possible countertransference: that your interpretive sophistication may have generated a compensatory tendency to correct, simplify, or bring your formulations to a more manageable register. margolies shortcomings (1)

This is plausible, but it cannot be established from the incidents alone.

Limited curiosity about his own misunderstanding

The most important personality indicator would not be that he misunderstood you initially. Everyone does that. It would be whether he became interested in the misunderstanding.

A reflective therapist might say:

> "I see that I turned your statement into a wish for intellectual conversation. You meant something more fundamental about trusting the capacity of my mind. I wonder why I heard it in the narrower way."

A defensive therapist might insist that his original paraphrase was adequate, explain your objection away, or treat your correction as resistance. That difference tells more about

personality than the initial error itself.

4. What cannot fairly be inferred

The material does **not** establish that he:

- has low general intelligence;
- lacks psychodynamic knowledge;
- is narcissistic;
- felt threatened by you;
- deliberately demeaned or misunderstood you;
- is incapable of deeper work with every patient.

He may have adequate abstract intelligence but use a deliberately concrete therapeutic style. He may also possess psychodynamic concepts intellectually without spontaneously using them as organizing clinical tools.

Overall formulation

The most economical inference is:

> He appears to be a therapist who reduces complex, symbolic, identity-laden material to immediate interpersonal meanings; processes episodes locally rather than synthetically; and favors clarification over sustained analytic uncertainty.

The likely mismatch is therefore not simply that you are "more intellectual" than he is. It is that **you think in patterns, structures, remote associations, and layered meanings, while he appears to respond through compression, localization, and ordinary-language paraphrase**.

That is a mismatch in **clinical cognition**, not merely in conversational taste.

Sources

PDF Arvizu Totality-of-the-Cir...
PDF

He seems to atomize my material rather than looking at the "totality of the circumstances" and I wonder if we are polar opposites in our cognitive style? He does not observe evenly-hovering attention. I talk, then he comments and might ask a question. I talk about

something else, and, again, he comments, and might ask a question. And on and on. I find that disturbing and adverse to my cognitive style.

Yes. What you describe is consistent with a **marked difference in cognitive and clinical style**. "Polar opposites" may be somewhat stronger than the evidence permits, but the contrast appears real and clinically consequential.

Your own style seems strongly **configurational**: you accumulate details, suspend judgment, notice remote associations, and look for the pattern formed by the whole field. The *Arvizu* document describes the opposing method as "divide and conquer"—isolating each circumstance, assigning it an ordinary explanation, and thereby losing whatever significance emerges from the cumulative pattern. Arvizu Totality-of-the-Circumst... That legal analogy maps surprisingly well onto your experience of his therapy.

His apparent method: serial, local processing

The sequence you describe is:

1. You present one piece of material.
2. He comments on that piece or asks a question about it.
3. You introduce another piece.
4. He comments on that new piece.
5. The process repeats, with little visible retention or integration of the accumulating field.

That is not simply "interactive therapy." It suggests a **turn-by-turn processing style** in which each unit of speech becomes a discrete object requiring an immediate response. The therapist's attention seems focused on the most recent proposition rather than on the developing configuration across the hour—or across many sessions.

Your earlier examples fit this same structure. He did not necessarily fail to understand each sentence literally. Rather, he appears to have understood each episode **locally** while failing to apprehend what the episodes became when held together. Your earlier document identifies precisely this failure: no synthesis, no connecting thread, and no overarching formulation linking the material across sessions. margolies shortcomings (1)

Your apparent method: field, pattern, and delayed integration

Your cognitive style seems more like:

- letting multiple observations coexist without prematurely resolving them;

- retaining earlier details while new material is added;
- assigning meaning partly through relationships among distant elements;
- moving repeatedly between part and whole;
- allowing the significance of one detail to change as the total configuration develops.

That is close to what you mean by the "totality of the circumstances." In the *Arvizu* formulation, apparently innocent individual facts may acquire significance only when aggregated into a "whole picture" or mosaic. Arvizu Totality-of-the-Circumst...

The same principle can apply in analytic listening. A childhood costume, a reaction to Beethoven, an affinity with a neighbor, and a wish for an intellectually gifted therapist may initially appear unrelated. Their analytic importance may emerge only when the therapist keeps all of them mentally alive long enough to recognize a repeated concern with identity, likeness, recognition, and resistance to reduction.

Evenly hovering attention

Your criticism about evenly hovering attention is well taken, with one qualification: that term describes an analytic ideal, not a behavior that can be verified directly from whether the therapist speaks frequently. A therapist could ask questions and still retain an evenly suspended receptivity. Conversely, a silent therapist could fail to integrate anything.

But the pattern you describe sounds inconsistent with the **function** of evenly hovering attention. That function is to avoid selecting too quickly, privileging the latest conscious narrative, or deciding prematurely what each statement means. The therapist allows significance to emerge retrospectively through repetition, displacement, contradiction, tone, and remote association.

Immediate comment after immediate comment can interfere with that process because it repeatedly closes small units before the larger configuration has formed. The session becomes:

> statement → response → closure
> statement → response → closure
> statement → response → closure

rather than:

> accumulating field → reverie → emerging pattern → carefully timed intervention

The problem is therefore not merely that he talks too much. It is that his interventions may **segment your associative process into conversational exchanges**. Instead of allowing one association to resonate with another, he repeatedly converts free-associative material into a question-and-answer dialogue.

Why it feels disturbing to you

For someone with your cognitive style, this may be more than irritating. It can feel as though the therapist is dismantling the very form in which your mind produces meaning.

You bring a network; he returns a series of isolated points.

You bring a developing Gestalt; he answers the latest item.

You communicate partly through juxtaposition and remote association; he treats the transition as a change of subject.

You expect him to retain unresolved material; he appears to resolve each piece immediately.

This can produce a distinctive experience of **cognitive non-recognition**. You are not merely disagreeing with his interpretations. You may feel that the architecture of your thinking is not being received at all.

That connects directly with your document's account of rich material being returned in flattened form. It argues that repeated under-reading risks reenacting the experience of not being recognized "at the level at which one actually exists." margolies shortcomings (1)

Are you cognitive opposites?

Possibly along several dimensions:

Your apparent style	His apparent style
Holistic/configurational	Atomistic/serial
Delayed synthesis	Immediate response
Remote association	Proximate association
Pattern across time	Episode-by-episode focus
Tolerance of unresolved ambiguity	Relatively rapid clarification

Your apparent style	His apparent style
Latent structural meaning	Manifest interpersonal meaning
Recursive movement between part and whole	Linear progression from one topic to the next

That does not necessarily mean that one mind is globally superior to the other. His style might work well with patients who want active dialogue, immediate clarification, practical reflection, and help organizing one problem at a time. But it may be poorly matched to a patient who requires the therapist to **hold a broad associative field and discover meaning cumulatively**.

The deepest irony

Your statement about needing an intellectually gifted therapist may itself have been a request for this kind of integrative mental function. You were not asking primarily for erudite conversation. You were asking for a therapist whose mind could retain, combine, and metabolize complexity.

His reply—"You want intellectual discussions?"—may have atomized that statement in exactly the way you were trying to describe. He extracted one visible element, *intellectual*, and linked it to the nearest conventional category, *discussion*. He apparently did not hold the whole proposition long enough to ask what the therapist's intellectual capacity meant within your broader experience of being understood.

The clinically important conclusion is therefore not simply, "He made several weak interpretations." It is:

> His moment-to-moment technique may instantiate a stable cognitive style that is fundamentally mismatched with the way you associate, organize experience, and arrive at meaning.

A direct way to present the issue to him would be:

> "I experience your method as serial and atomizing. I say something, you comment on that unit, then I say something else and you comment again. I need a therapist who can leave individual pieces unresolved, retain them across the session and across sessions, and recognize the configuration they form together. Your immediate responses often interrupt that process and make me feel that the architecture of my thinking is being broken into disconnected parts."

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